

**Weekly Project Partnering Evaluation Meeting Date:** \_\_\_\_\_

You are: (circle one): UDOT / Contractor / Subcontractor / Other \_\_\_\_\_

You are: (circle one): Inspector / Forman / RE / Field Engineer / Superintendent / RCE / Area Mgr./ Project Mgr. / Other.

Name: \_\_\_\_\_

Contract/Project #: \_\_\_\_\_ Contractor: \_\_\_\_\_

Resident Engineer: \_\_\_\_\_ Project Super: \_\_\_\_\_

*Your input is very important to evaluate this project  
Measuring scale: 1 to 5 with 5 indicating your highest level of satisfaction*

Please indicate your level of satisfaction on this project

		Satisfaction Level
1	Mutual respect, honesty, trust and fairness: How do we improve? _____ _____	1-Never 2-Sometimes 3-Half the Time 4-Almost Always 5-Always
2	Regular communication at all levels How do we improve? _____ _____	1-Never 2-Sometimes 3-Half the Time 4-Almost Always 5-Always
3	Issues resolved efficiently and effectively How do we improve? _____ _____	1-Never 2-Sometimes 3-Half the Time 4-Almost Always 5-Always
4	Problem solving at the lowest level How do we improve? _____ _____	1-Never 2-Sometimes 3-Half the Time 4-Almost Always 5-Always
Total satisfaction level (sum 1- 4): _____		
What, if anything, caused a change in your rating for this Week: _____ _____		
Number of issues resolved this week at your level: _____		
Number of project improvements this week (quality, value engineering, schedule, etc.) _____		
Please feel free to comment on the partnering process: _____ _____ _____		